

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889625** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
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TOTAL IND.	1		1		1	
TOTAL DEP.	11	↔	11	↔	11	↔
TOTAL CLAIMS	12	↔	12	↔	12	↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			1		1		1	
TOTAL DEP.			11		11		11	
TOTAL CLAIMS	12	↔	12	↔	12	↔	12	↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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